

Case Number:	CM14-0204697		
Date Assigned:	12/18/2014	Date of Injury:	04/10/2014
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 45-year-old man with a date of injury of April 10, 2014. The mechanism of injury occurred when he was upholstering the back of a rocking chair. When he pulled the material, he felt a sharp pain in his shoulder and hand. The injured worker's working diagnoses are right shoulder impingement syndrome; right elbow medial epicondylitis; and right wrist sprain/strain. Treatment to date has consisted of 6 to 7 sessions of chiropractic treatment, which helped reduce his pain. The IW underwent EMG studies of the right upper extremity on October 20, 2014, which was normal. There are no imaging studies in the medical record. The provider reports that x-rays are pending. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated November 11, 2014, the IW complains of right shoulder pain rated 7/10. The IW also complains of right elbow pain isolated to the medial epicondyle. He reports sensations of numbness and tingling in the forearm region to the hand. In the right wrist and hand, the IW reports tingling and numbness that is more severe at night. He does not have decreased range of motion (ROM) of the wrist. Current medications include Naproxen 550mg, Prilosec 20mg, and Ketoprofen cream. Examination of the right shoulder reveals tenderness over the AC joint, biceps tendon, and infraspinatus tendon. The joint is stable and tracks well with range of motion. There is no instability with manipulation or weight bearing. Neer's test was positive. Right elbow examination reveals positive edema noted over the medial epicondyle, but no deformity or effusion. There is tenderness over the medial epicondyle. There is no pain with ROM. The joint is stable and tracks well with ROM. There is no instability with manipulation or weight bearing. Examination of the right wrist/hand reveals tenderness over the volar aspect of

the wrist. There is no pain with ROM. There is no instability noted. Tinel's, Phalen's, Finkelstein, Watson, Ulnar impaction, and Piano key are all negative. The treating physician is recommending Naproxen Sodium 550mg #60, Omeprazole 20mg #60, CM3 - Ketoprofen 20%, MRI of the right shoulder, MRI of the right elbow, MRI of the right wrist, additional chiropractic therapy 2 times a week for 4 weeks to the right upper extremity, and right wrist and elbow brace.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, MRI

Decision rationale: Pursuant to the ACOEM the Official Disability Guidelines, MRI right shoulder is not medically necessary. Guideline recommendations include emergence of a red flag and physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in the strengthening program, etc. (see ACOEM and ODG for details). The indications for MRI evaluation shoulder are enumerated in the Official Disability Guidelines. Plain x-ray results are required. In this case, there is no evidence of neurovascular dysfunction on physical examination; there are no red flags on the physical examination. There is no planned surgery. The injured worker has pain with range of motion, tenderness over the AC joint. The shoulder joint is stable. The ODG indications or acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40 with normal plain x-rays; and subacute shoulder pain, suspect instability. The documentation does not contain plain x-ray results. They are pending. Consequently, MRI evaluation of the shoulder is not medically necessary.

MRI of right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): Table 4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow Chapter, MRI.

Decision rationale: Pursuant to the ACOEM in the Official Disability Guidelines, MRI evaluation of the right elbow is not medically necessary. MRI evaluation is indicated when evaluating collateral ligament injury, epicondylitis, injury to the biceps and triceps, abnormality of ulnar, radial or median nerve and masses about the elbow joint. Plain x-ray results should be nondiagnostic. See the ODG the details. In this case, the injured worker's working diagnosis is right elbow medial epicondylitis. Objective findings are positive edema over the medial condyle,

but no effusion. The joint is stable and tracks well with range of motion. There are no plain X-ray results in the record. Consequently, absent plain x-ray results, MRI evaluation right elbow is not medically necessary.

MRI of right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, MRI.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI right wrist is not medically necessary. The ACOEM indicates imaging studies are used to clarify the diagnosis and may be warranted if the medical history and physical examination suggest specific disorders. The Official Disability Guidelines support specific wrist conditions in the presence of chronic wrist pain and negative plain radiographs. Chronic wrist pain conditions need to be accompanied by normal plain films. See the guidelines for details. In this case, the treating physician suspect's possible ligament injury, however clinical findings are not suggestive of this type of injury and plain x-ray results are not included in the medical record. Plain X-rays are pending. Consequently, MRI right wrist is not medically necessary.

Right elbow brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 596. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Elbow Section, Bracing.

Decision rationale: Pursuant to the Official Disability Guidelines, right elbow braces not medically necessary. Splinting is recommended for cubital tunnel syndrome. Splinting his understudy for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. In this case, the injured worker's working diagnosis is right elbow medial epicondylitis. Objective findings are positive edema over the medial condyle, but no effusion. The joint is stable and tracks well with range of motion. Elbow bracing is not indicated based on the clinical evidence medical record. Splinting his understudy for epicondylitis and no definite conclusions can be drawn regarding effectiveness for standard braces. Consequently, right elbow brace is not medically necessary.

Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen 20% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not FDA approved for topical application. In this case, the injured worker has complaints of right shoulder pain, right elbow and right wrist/hand pain. Ketoprofen is not FDA approved for topical application. Any compounded product that contains at least one drug (ketoprofen topical) that is not recommended is not recommended. Consequently, ketoprofen 20% is not recommended. Based on the clinical information in the medical record and peer-review evidence-based guidelines Ketoprofen 20% topical is not medically necessary.

Right 8" wrist brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section. Immobilization

Decision rationale: Pursuant to the official disability guidelines, right 8 inch wrist brace is not medically necessary. Immobilization is not recommended as a primary treatment for undisplaced fractures or sprains, but recommended for displaced fractures. Immobilization and rest appear to be over used as a treatment. Early mobilization benefits include earlier return to work; decreased pain, swelling and stiffness; greater preserved range of motion with no increase in complications. In this case, the injured worker was complaining of tingling and numbness more severe at night when sleeping only fully extends his arm. There is no mystery of the entire hand. He does not have decreased grip strength. On physical examination there was tenderness over the volar aspect of the wrist. No pain with range of motion. The treating physicians plan was a wrist brace for PM use. The injured workers working diagnosis (as pertains to the rest) is right wrist sprain/strain. The guidelines recommend early mobilization. Consequently, a right in each wrist braces not medically necessary according to the guidelines whereby immobilization and rest are overused and early mobilization benefits earlier return to work and preservation of a greater range of motion. Based on the clinical information in the medical record and the peer reviewed evidence based guidelines, right 8 inch wrist brace is not medically necessary.